

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND COMPOSITIONS FOR THE DIAGNOSIS OF NEUROENDOCRINE LUNG CANCERS
Attorney Docket Number::	63139(47992)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Curtis
Middle Name::	C.
Family Name::	Harris
City of Residence::	Garrett Park
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	4720 Waverly Avenue
City of mailing address::	Garrett Park
State or Province of mailing address::	MD

Postal or Zip Code of mailing address:: 20896-0077

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ping

Family Name:: He

City of Residence:: Bethesda

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 7305 Bannockburn Ridge Court

City of mailing address:: Bethesda

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lyuba

Family Name:: Varticovski

City of Residence:: Bethesda

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 6506 Cardigan Road

City of mailing address:: Bethesda

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: William

Middle Name:: D.
 Family Name:: Travis
 City of Residence:: Kensington
 State or Province of Residence:: MD
 Country of Residence:: US
 Street of mailing address:: P.O. Box 2821
 City of mailing address:: Kensington
 State or Province of mailing address:: MD
 Postal or Zip Code of mailing address:: 20891

Correspondence Information

Correspondence Customer Number:: 46037

Representative Information

Representative Customer Number:: 46037

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/034787	11/03/03

Foreign Priority Information

Assignee Information

Assignee name:: The United States of America, as
 represented by the Secretary, Department
 of Health and Human Services
 Street of mailing address:: Office of Technology Transfer
 National Institutes of Health
 6011 Executive Blvd. Suite 325
 City of mailing address:: Rockville
 State or Province of mailing address:: MD
 Postal or Zip Code of mailing address:: 20852-3804

Assignee name:: The United States of America, as
represented by the Secretary of Defense
Street of mailing address:: Armed Forces Insitute of Pathology
6825 16th Street, NW
City of mailing address:: Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20306-6000